

# Grimes Parks & Recreation Department

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[www.grimesiowa.gov](http://www.grimesiowa.gov)

CITY OF  
**GRIMES**



## Adult 6v6 Flag Football League

### Program Description:

**NEW!** An Adult 6v6 Flag Football League has been organized in Grimes! This is a for-fun league with standings but no championship award given out except for recognition. Games do have a time limit of 1 hr. Scores should be reported to the director or field supervisor after the game. Game rules include no kick-offs, no ball stripping/flag guarding, minimal blocking at the line and no blocking downfield or beyond the line of scrimmage, and all players are eligible to receive a pass.

**Who:** Divisions include Men's or Co-Ed Teams  
\*Must be 18 years and older to play.

**Where:** Behind the Grimes Community Complex (west side)

**Date:** Wednesdays, September 9 – October 14  
*Deadline is September 3.*

**Time:** Games start on Wednesdays at 6pm & 7pm.  
Schedules will be sent out to the captains after deadline.



**Questions:** Contact Brett Barber, Grimes Parks & Recreation Director at [bbarber@ci.grimes.ia.us](mailto:bbarber@ci.grimes.ia.us).

**To Register:** Bring in registration to the P & R Office located in the Grimes Community Complex at 410 S. Main St. or mail to City Hall at 101 N. Harvey St. in Grimes.

**Cost:** \$20 per player that includes 6 games

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### 2009 "Adult 6v6 Flag Football League" Registration Form

CAPTAIN'S OR INDIVIDUAL'S NAME: \_\_\_\_\_

TEAM NAME OR SPONSOR (Leave blank if individual): \_\_\_\_\_

CAPTAIN/INDIVIDUAL STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please Circle:      Co-Ed      Men's

*Cost is \$20 per player.*

### Release and Indemnification Agreement:

I hereby request that you accept my team's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my team, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my team is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my team as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my team while he or she participates in this particular activity.

\_\_\_\_\_  
Team Captain's Signature

\_\_\_\_\_  
Date

**Grimes Parks and Rec Office ~ 410 S. Main St. in Grimes**